

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2010 JAN 11 AM 11:07

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Courtney for State Senate Committee

**IMPORTANT:** Indicate by # type of committee you are reporting for ☐ ☐  
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Thomas G. Courtney

Political Party (if applicable)

Democrat

Office Sought

State Senate

District (if Senate or House)

14

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm #	1344
Logged In	10
Scanned	
Computer	
Audited	
11 pages	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Thomas G. Courtney  
**SIGNATURE OF PERSON FILING REPORT**

319-754-8615

**TELEPHONE**

1-11-2010

**DATE SIGNED**

I AM FILING A January 19, 2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR

Indicate by # ☒ 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3  
(You must continue to file reports until a DR-3 is filed)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed)

\$ 6,159.14

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

\$ 9,385.00

Schedule F: Loans Received total (Attach Schedule F)

\$ 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

\$ 0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**.....\$

\$ 15,544.14

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*also see debts and loans below)

\$ 7,207.93

Schedule F: Loan Repayments total (Attach Schedule F)

\$ 0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 8,336.21

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 62.92

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ 90.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

React Form

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Courtney for State Senate Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/08/09	ID# 6078 CK# 1726	Iowa Physical Therapy PAC 8355 University Blvd. Ste. K Clive, IA 50325-1162	N/A	\$250.00	<input checked="" type="checkbox"/>
01/08/09	ID# 6146 CK# 1830	Homebuilders Association PAC 3072 104th St. Urbandale, IA 50332	N/A	250.00	<input checked="" type="checkbox"/>
01/11/09	ID# 6429 CK# 2238	Heavy Highway PAC 2415 Ingersoll Avenue Des Moines, IA 50312 5233	N/A	500.00	<input checked="" type="checkbox"/>
06/28/09	ID# 6084 CK# 863	Iowa State UAW-PAC 680 Barclay Blvd. Lincolnshire, IL 60069	N/A	500.00	<input checked="" type="checkbox"/>
07/08/09	ID# 6070 CK# 3865	Iowa IAW PAC 625 East Court Avenue Des Moines, IA 50309-1904	N/A	150.00	<input checked="" type="checkbox"/>
07/08/09	ID# CK# 5305	Andrew J. & Dorothy A. Baumert 5068 Coachlight Dr. West Des Moines, IA 50265-6928	N/A	50.00	<input checked="" type="checkbox"/>
07/08/09	ID# 6073 CK# 1288	Iowa Medical PAC 1001 Grand Avenue West Des Moines, IA 50265-3502	N/A	250.00	<input checked="" type="checkbox"/>
07/08/09	ID# 6052 CK# 3399	Independent Insurance Agents of Iowa PAC 4000 Westown Pkwy., Ste 200 West Des Moines, IA 50265	N/A	250.00	<input checked="" type="checkbox"/>
07/08/09	ID# 6069 CK# 2610	Iowa Industry PAC 904 Walnut, Ste., 100 Des Moines, IA 50309-3503	N/A	250.00	<input checked="" type="checkbox"/>
07/08/09	ID# CK# 5325	Jerry L. Addy 110-10th Ave. NW Altoona, IA 50009	N/A	100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 2550.00

TOTAL (If last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM**COMMITTEE NAME (Must be same as on Statement of Organization)**

Courtney for State Senate Committee

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07/08/09	ID# CK# 2396	Mona Rac Bond 2818 W. 1st. Street Ankeny, IA 50021	N/A	\$100.00	<input checked="" type="checkbox"/>
07/08/09	ID# CK# 2786	Melissa Peterson 4514 Urbandale Avenue Des Moines, IA 50310	N/A	25.00	<input checked="" type="checkbox"/>
07/08/09	ID# 6058 CK# 4475	Iowa Chiropractic Society PAC 1605 N. Ankeny Blvd. Ste. 100 Ankeny, IA 50023	N/A	100.00	<input checked="" type="checkbox"/>
07/16/09	ID# 6099 CK# 1220	Morodith Corp. Employees Fund 1716 Locust St. Des Moines, IA 50309-3023	N/A	100.00	<input checked="" type="checkbox"/>
07/16/09	ID# 6077 CK# 2053	Iowa Pharmacy PAC 8515 Douglas, Suite 16 Des Moines, IA 50322	N/A	100.00	<input checked="" type="checkbox"/>
07/16/09	ID# CK# 5855	Rich Eyehamer P.O. Box 1797 Des Moines, IA 50305-1797	N/A	100.00	<input checked="" type="checkbox"/>
09/05/09	ID# 8073 CK# 8113	Waste Management PAC 701 Pennsylvania Ave. N.W. Ste. 590 Washington, DC 20004	N/A	300.00	<input type="checkbox"/>
09/11/09	ID# 6067 CK# 4107	Iowa Health PAC 6750 Westown Pkwy. West Des Moines, IA 50266	N/A	250.00	<input type="checkbox"/>
09/11/09	ID# CK# 7617	Theresa A. Minnis 211 S. Birch St. Danville, IA 52623	N/A	100.00	<input type="checkbox"/>
09/11/09	ID# CK# 4407	Steven Ackerson 1634 NW 131st St. Clive, IA 50325	N/A	100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1475.00

TOTAL (If last page of this schedule)

\$

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Page 2 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Courtney for State Senate Committee

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/11/09	ID# CK# 18875	David or Chris Oleson 11191 Timberlake Dr. West Burlington, IA 52655	N/A	\$50.00	<input type="checkbox"/>
09/11/09	ID# CK# 1329	Beth Flemming 704 Melville Ave. West Burlington, IA 52655	N/A	10.00	<input type="checkbox"/>
09/19/09	ID# 6486 CK# 1808	Iowa Telecom PAC 403 W. 4th Street N. PO Box 1046 Newton, IA 50208	N/A	200.00	<input type="checkbox"/>
10/07/09	ID# 6021 CK# 002465	CUPAC P.O. Box 10409 Des Moines, IA 50306	N/A	500.00	<input type="checkbox"/>
10/09/09	ID# 6484 CK# 1053	Iowa Society of Anesthesiologists PAC 525 SW 5th St. Suite A Des Moines, IA 50309-4501	N/A	500.00	<input type="checkbox"/>
10/26/09	ID# 9717 CK# 1179	Iowa Harness Horseman's Association PAC P.O. Box 107 Grinnell, IA 50112	N/A	500.00	<input type="checkbox"/>
10/29/09	ID# 6058 CK# 4572	Iowa Chiropractic Society PAC 100 east Grand Ave., Suite 240 Des Moines, IA 50309	N/A	500.00	<input type="checkbox"/>
11/10/09	ID# 6084 CK# 869	Iowa State UAW-PAC Committee 680 Barclay Blvd. Lincolnshire, IL 60069	N/A	1000.00	<input type="checkbox"/>
11/13/09	ID# 6449 CK# 1548	Great Plains Laborers District Council IA PAC 5806 Meredith Dr. Suite B Des Moines, IA 50322	N/A	500.00	<input type="checkbox"/>
11/21/09	ID# 6478 CK# 1212	Iowa Assoc. of Nurse Anesthetists PAC 1156 Forest Street Carroll, IA 51401	N/A	250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4010.00	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Courtney for State Senate Committee

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
12/07/09	ID# 9736 CK# 3133	Iowans for a Skilled Workforce 707 East Locust Street Des Moines, IA 50309	N/A	\$250.00	<input type="checkbox"/>
12/09/09	ID# 6351 CK# 1574	Petroleum Marketers & Conv. Stores of America 10430 New York Ave. STE. F Urbandale, IA 50322-3773	N/A	250.00	<input type="checkbox"/>
12/17/09	ID# 8251 CK# 2218	PRINPAC 711 High Street Des Moines, IA 50392	N/A	750.00	<input type="checkbox"/>
12/17/09	ID# 6146 CK# 1878	Homebuilders Assoc. PAC 3072 104th Street Urbandale, IA 50322	N/A	100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1,350.00	
TOTAL (If last page of this schedule)				\$ 9385.00	

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Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

<b>SCHEDULE B</b> (Rev. 07/03)	<b>MONETARY EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Courtney for State Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/09/09	ID# <del>1295</del> CK# 1295	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	\$ 44.99
01/12/09	ID# <del>1296</del> CK# 1296	Postmaster 300 N. Main St. Burlington, IA 52601	Postage	5.20
01/14/09	ID# <del>1297</del> CK#	Two Rivers Bank & Trust 222 N. Main St. Burlington, IA 52601	Campaign Account Check Reorder	32.60
07/10/09	ID# <del>1298</del> CK# 1297	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
03/10/09	ID# <del>1299</del> CK# 1298	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
04/10/09	ID# <del>1300</del> CK# 1299	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
04/30/09	ID# <del>1301</del> 9098 CK# 1300	Iowa Democratic Party 5661 Fleur Dr. Des Moines, IA 50321	General Contribution	400.00
05/16/09	ID# <del>1302</del> CK# 1301	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
SUB-TOTAL				\$ 662.75
TOTAL (If last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 4

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONEY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Courtney for State Senate Committee

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/02/09	ID# <del>1302</del> CK# 1302	Staples 104 West Agency Rd. West Burlington, IA 52655	Printer Ink	\$ 62.05
06/15/09	ID# <del>1303</del> CK# 1303	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
06/15/09	ID# <del>1304</del> 9058 CK# 1304	Des Moines County Democrats P.O. Box 1001 Burlington, IA 52601	General Contribution	50.00
06/25/09	ID# <del>1305</del> CK# 1305	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for new campaign Cell phone	167.05
07/07/09	ID# <del>1306</del> CK# 1306	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
07/13/09	ID# <del>1307</del> CK# 1307	Tom Courtney 2200 Summer St. Burlington, IA 52601	Mileage Reimbursement to Tom Courtney, 380 miles @ .39 per mile	148.20
07/16/09	ID# <del>1308</del> CK# 1308	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for room and refreshments for Fund Raiser	312.32
08/18/09	ID# <del>1309</del> CK# 1309	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
SUB-TOTAL				\$ 874.59
TOTAL (if last page of this schedule)				\$

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Expenditures to persons/entities providing consulting, advertising, fund raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 4

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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<b>SCHEDULE B</b> (Rev. 07/03)	<b>MONETARY EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Courtney for State Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
09/02/09	ID# <del>9057</del> CK# 1310	Postmaster 300 N. Main St. Burlington, IA 52601	P.O. Box Rental Fee	\$ 56.00
09/04/09	ID# <del>9058</del> CK# 1311	Tom Courtney 2200 Summer St. Burlington, IA 52601	Mileage reimbursement to Tom Courtney, 640 miles @ .39 per mile	249.60
09/10/09	ID# <del>9058</del> CK# 1312	Des Moines County Democrats P.O. Box 1001 Burlington, IA 52601	General Contribution	100.00
09/10/09	ID# <del>9058</del> CK# 1313	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
09/15/09	ID# <del>9058</del> CK# 1314	Tom Courtney 2200 Summer St. Burlington, IA 52601	Printer ink for campaign printer	37.44
10/06/09	ID# <del>9058</del> CK# 1315	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
11/10/09	ID# <del>9058</del> CK# 1316	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
11/17/09	ID# <del>9058</del> CK# 1317	Senate Majority Fund, I.D.P. 5661 Fleur Dr. Des Moines, IA 50321	General Contribution	5,000.00
SUB-TOTAL				\$ 5578.01
TOTAL (If last page of this schedule)				\$

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule C by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 3 of 4

(for Schedule B)



FOR INSTRUCTIONS, SEE BACK OF FORM

Rec'd Form

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<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Courtney for State Senate Committee

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/24/09	ID# <del>1318</del> CK# 1318	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for office supplies for Committee	\$ 47.59
12/08/09	ID# <del>1319</del> CK# 1319	Tom Courtney 2200 Summer St. Burlington, IA 52601	Reimbursement for DSL Connection	44.99
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 92.58
TOTAL (if last page of this schedule)				\$ 7207.93

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund raising, polling, managing, organizing services must also be detailed itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 4 of 4

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
 Courtney for State Senate Committee

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9098 06/23/09	Iowa Senate Majority Fund, P.D.P. 5661 Fleur Dr. Des Moines, IA 50321	N/A	Postage for Des Moines Fundraiser	\$ 62.92	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 62.92	
TOTAL (if last page of this schedule)				\$ 62.92	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

Courtney for State Senate Committee

SCHEDULE

H

(Rev. 02/08)

CAMPAIGN  
PROPERTYATTACH SCHEDULE H TO  
EACH REPORT, MAKING  
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF  
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule C) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
10/07/08	Campaign Computer	1395.73	90.00

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 90.00 est.

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YR)	Name and Address of Purchaser/Donor	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES &amp; TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_

(Attach Additional Schedules if Needed)